



DEP USE ONLY

Rec'd Program\_\_\_\_\_

### Part III: Applicant Information (cont.)

3. List attorney or other representative, if applicable:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code: -

Business Phone: - -

ext.

Fax: - -

Attorney Name:

Title:

4. List the owner(s) of the facility to be licensed.

Please enter a check mark, if additional sheets are attached. ☐

Name:

Mailing Address:

City/Town:

State:

Zip Code: -

Business Phone: - -

ext.

Fax: - -

Electronic Pager: - -

Contact Person:

Title:

5. Identify the operator and alternate operator of the terminal.

Operator Name:

Mailing Address:

City/Town:

State:

Zip Code: -

Business Phone: - -

ext.

Fax: - -

Home Phone: - -

Electronic Pager:

- -

Title (if different):

Alternate Operator Name:

Mailing Address:

City/Town:

State:

Zip Code: -

Business Phone: - -

ext.

Fax: - -

Home Phone: - -

Electronic Pager:

- -

Title (if different):

6. Identify the terminal manager, if different than the terminal operator.

Name:

Mailing Address:

City/Town:

State:

Zip Code: -

Business Phone: - -

ext.

Fax: - -

Home Phone: - -

Electronic Pager:

- -

Title (if different):

### Part III: Applicant Information (cont.)

7. Identify the Qualified Individual and Alternate Qualified Individual of the terminal (if different than Operator and Alternate Operator listed in number 5).

Qualified Individual Name:

Mailing Address:

City/Town: State: Zip Code: -

Business Phone: - - ext. Fax: - -

Home Phone: - - Electronic Pager: - -

Alternate Qualified Individual Name:

Mailing Address:

City/Town: State: Zip Code: -

Business Phone: - - ext. Fax: - -

Home Phone: - - Electronic Pager: - -

8. List any other engineer(s) or consultant(s) employed or retained to assist in preparing the application or in designing and constructing the facility. Please enter a check mark if additional sheets are attached. ☐

Name:

Mailing Address:

City/Town: State: Zip Code: -

Business Phone: - - ext. Fax: - -

Electronic Pager: - -

Contact Person: Title:

Service Provided:

### Part IV: Site Information

1. Name of facility, if applicable:

Street Address or Description of Location:

City/Town: State: Zip Code: -

Latitude and longitude of the exact location of the point where product enters the terminal in degrees, minutes, and seconds:

Latitude: Longitude:

Method of determination (check one):

☐ GPS ☐ USGS Map ☐ Other (please specify):

If a USGS Map was used, provide the quadrangle name:

## Part IV: Site Information (cont.)

2. Is the activity which is the subject of this application located within the coastal boundary as delineated on DEP approved coastal boundary maps? ☐ Yes ☐ No

If yes, and this application is for a new permit or for a modification of an existing permit, you must submit a *Coastal Consistency Review Form* (DEP-APP-004) with your application as Attachment C.

3. Is the project site located within an area identified as a habitat for endangered, threatened or special concern species as identified on the "State and Federal Listed Species and Natural Communities Map"? ☐ Yes ☐ No Date of Map:    /    /

If yes, complete and submit a *Connecticut Natural Diversity Data Base* (CT NDDB) *Review Request Form* (DEP-APP-007) to the address specified on the form.

Has a field survey been conducted to determine the presence of any endangered, threatened or special concern species? ☐ Yes ☐ No

*If yes, provide:*

Biologist's Name:

Address:

When submitting this application, please include copies of any correspondence to the NDDB, including copies of the completed CT NDDB Review Request Form, any field surveys, and any other information which may lead you to believe that endangered or threatened species may or may not be located in the area of your existing or proposed permitted activity, as Attachment D.

## Part V: Supporting Documents

Be sure to read the instructions (DEP-PUMP-INST-100) to determine whether the attachments listed are applicable to your specific activity. Please enter a check mark by the attachments as verification that *all* attachments have been submitted with this license application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on the *Permit Application Transmittal Form*.

- ☐ Attachment A: A full size original of a USGS Topographic Quadrangle Map indicating the exact location of the facility.
- ☐ Attachment B: *Applicant Compliance Information Form* (DEP-APP-002) (if applicable)
- ☐ Attachment C: *Coastal Consistency Review Form* (DEP-APP-004) (if applicable)
- ☐ Attachment D: Copy of any field survey conducted to identify the presence of any endangered, threatened or special concern species (if applicable)
- ☐ Attachment E: Spill Prevention Control and Countermeasure (SPCC) Plan
- ☐ Attachment F: Detailed Site Plan
- ☐ Attachment G: Facility Inspection

## Part V: Supporting Documents (cont.)

- |                          |               |  |
|--------------------------|---------------|--|
| <input type="checkbox"/> | Attachment H: | Facility Response Plan(s)  |
| <input type="checkbox"/> | Attachment I: | Spill Containment Equipment Listing  |
| <input type="checkbox"/> | Attachment J: | U.S. Coast Guard Certificate of Adequacy   |
| <input type="checkbox"/> | Attachment K: | Terminal Operations Manual   |
| <input type="checkbox"/> | Attachment L: | Additional Spill Prevention and Emergency Notification Precautions for Automated Terminals |

## Part VI: Applicant Certification

The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered incomplete unless *all* required signatures are provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute."

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant Date

Name of Applicant (print or type)	Title (if applicable)
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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Preparer Date

Name of Preparer (print or type) \_\_\_\_\_ Title (if applicable) \_\_\_\_\_

- ☐ Please enter a check mark if additional signatures are necessary.  
If so, please reproduce this sheet and attach signed copies to this sheet.

Note: Please submit the Permit Application Transmittal Form, Application Form, Fee, and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127